the general health of the patient such as would justify any other major operation. The difficulty of diagnosing those diseases is, I consider, the great obstacle to recommending the operation, and not the opening of the peritoneum. But because we are not able to make a clear diagnosis in every case, are we to abandon the whole class of patients to become the prey of quackery? I believe it to be considered on all sides that medication has not, as yet, been able to reach those cases.

Two cases of spontaneous rupture of the sac have come under my notice; in one, the patient was under preparatory treatment for an operation. While in the act of stooping she felt something give way, and immediately experienced the sensation, as she described it, as if boiling water had been poured into her bowels. She died in two hours after the accident occurred. The *post-mortem* examination showed a rupture in a small sac, which would contain about a pint. The whole tumour, which was cystiform in character, weighed thirty-two pounds.

The other case was more fortunate. A tumour had been growing gradually in the lower part of the abdomen until it attained the size of a child's head one year of age. One night she was awakened by a burning sensation in her bowels; on placing her hand upon her abdomen she found that the tumour had disappeared. In the morning, as soon as she arose, she had occasion to evacuate her bowels, when she discharged about a gallon of straw-coloured fluid. In a short time, however, the tumour reappeared. The discharge, the second time, was not so rapid as at first, and at the same time that she had the watery evacuation from the bowels, she also had large discharges of water from the bladder, in which some traces of blood could be discovered. Once or twice in the course of two months she could feel a return of the tumour, but which disappeared upon a discharge of fluid from the bladder and bowels. Since that time, now nearly four years, there has been no return of the tumour; but she has scarcely passed a day without passing more or less wind from her bladder. Within the last six months I have frequently examined the evacuations from the bladder; I found them to possess the same appearance and odour as that passed from her bowels. This, however, is only when she is labouring under diarrhœa. Her life is one of great suffering, and opiates are her only relief.

ART. X.—*Autoplastic Operation for the Removal of the Deformity produced by a Burn.* By A. CLARKSON SMITH, M. D., of Columbia, Lancaster County, Pennsylvania.

IN the autumn of 1853, I was consulted by John Munroe, æt. 20, in reference to a deformity of the neck, produced by a burn he had received a year previously.

On examination, I found the "tissue of the cicatrix" unattached, for the most part, to the superficial fascia, being movable, and easily raised from the parts beneath. The tissue was thick, and composed of dense fibres crossing each other, and interlacing, covered by a delicate cuticle. Small cavities, formed by the crossing of the fibres, existed here and there over its surface, at the bottom of which slight adhesion was found with the fascia beneath.

The cicatrix extended from the inner edge of the mastoid muscle, of the right side, along the course of the lower maxilla to a point midway between the chin and angle of the left side of that bone, involving the integuments of the neck to a point half an inch below the thyroid cartilage, following a line drawn from this point to the acromial third of the clavicle. The parts seemed firm and rather pale, though somewhat sensitive. The appearance of vascularity was not such as to cause any apprehension of much hemorrhage. Altogether, the patient seemed in a condition in which an operation would be most likely to succeed; accordingly, I advised him to submit, stating, at the same time, the risks of a failure. After weighing the matter for a length of time, he concluded to have the operation performed, and, on the 2d of January, placed himself under my care for that purpose.

On the 4th inst., assisted by Dr. B. Rohrer, now of Germantown, Pa., and Dr. Mahon, of this place, I operated. The patient was placed on a table, with his head slightly inclined backwards. A mixture of chloroform and ether was exhibited until completely under its influence, and then, being firmly held by assistants, an incision was made, a line above the upper margin of the cicatrix, from the edge of the mastoid muscle of the right side to the termination of the cicatrix on the left. Getting under the "inodular" tissue, it was carefully dissected from the fascia, until the entire mass was completely removed. There was but little hemorrhage, and no vessel requiring the ligature was cut. A flap, sufficiently large to allow of considerable contraction, was taken from the breast (the head being still inclined backwards), and carefully applied by means of the interrupted suture and adhesive strips. The edges of the wound on the breast are approximated, as nearly as possible, by adhesive strips, and then covered with soft lint steeped in olive oil. The connection between the transplanted integument and its original location was preserved by a strip of integument an inch and a half in breadth. This was so loosely twisted as not to interfere with its circulation. The flap was covered with oiled silk, an opium pill given, and the patient left in charge of a nurse for the night.

January 5. Patient rested quietly during the night; complains of soreness in his extremities, produced, doubtless, by the struggles of yesterday, and a feeling of stiffness in his jaw. Pulse 88. Lymph thrown out abundantly around the edges of the wound. Ordered, pil. opii gr. j, ter in die, and milk diet.

6*th.* Passed a restless night; complains of a sense of fulness in the epigastrium; much pain in the wound on the breast; tongue coated; pulse 110; discharge of sanguineous fluid from the inferior portion of the flap. Removed some of the adhesive strips which had become loosened, and applied fresh ones; also redressed the breast, and in place of the oiled lint applied a slippery elm poultice. Ordered sennæ, mannæ, mag. sulph. āā ℥ij; semen. fœniculi ℥ss; aquæ fervent. Oss. M. ft. haust.

7*th.* Symptoms much improved; pulse 95; little or no pain in the wound on the breast; flap still adhering; cuticle vesicating. To prevent this, coated the entire flap with collodion.

10*th.* Removed the dressings from the neck and breast. Adhesion has taken place between the flap and surface beneath. The exclusion of the air by means of the collodion checked the vesication. A slight suppuration where the stitches were drawn through induced me to remove them. The parts were still supported by a few adhesive strips and a slight bandage passing around the neck and over the head.

From this time he rapidly recovered, and at the end of three weeks was able

to leave the house. So perfect has been the union of the parts that scarcely a vestige of the line of adhesion remains superiorly.

The connection between the flap and breast was severed at the expiration of three weeks, and the patient discharged.

Remarks.—Of the importance and utility of this class of operations there can be little doubt; and the profession owes much to the ingenuity of Prof. Mutter in establishing it in this country. By this means, unsightly disfigurations can be removed, and deformities, oftentimes so great as to interfere with the ordinary duties of life, remedied. Of course, there are many circumstances to be taken into consideration before making the attempt; and among these the most important are the *situation*, *extent*, and *depth* of the inodular tissue, and the condition of the patient. Reasoning on the established principle that perfect rest is necessary for the adhesive process, we should conclude that where this cannot be obtained we should not be justified in making the attempt; and yet, in the above case, the operation was entirely successful in a situation where perfect rest *could not* be obtained. The motion of the thyroid cartilage in swallowing, and constant throbbing of the carotid artery, increased by the irritation in its vicinity, precluded the possibility of obtaining this desideratum.

Where the cicatrix is extensive, it would probably be better to remove a portion at one time, inserting sound skin, and after adhesion has taken place, to finish it at a second operation. Where the fascia and muscles are involved, the operation becomes more formidable, and the chances of success are diminished; but, even in these cases, an attempt to relieve is oftentimes attended with the happiest results.

Columbia, Pa., *April*, 1854.

ART. XI.—*Cure of Laceration of the Urethra.* By Dr. J. GAUTIER, M. D., of Tuskegee, Alabama.

JAMES HALL, aged 35 years; has light hair, blue eyes, fair complexion; a sound and vigorous constitution; weighs about one hundred and fifty pounds. In May, 1852, he was engaged as a deck-hand on board of a steamboat running from the city of Galveston to Brazoria, and while in the latter port, and engaged in discharging freight (at night), he attempted to cross over the hatch, and in doing so missed his footing, and fell astride of a square bar of iron extending across the hatch, upon which the doors rested. Laceration of the urethra, and great contusion of the perineum resulted. The injury occurred about 10 o'clock at night. I did not see Hall until the next morning, between 8 and 9 o'clock. He was then complaining of excruciating pain, with great distension of the bladder, and an inability to pass urine. By the forcible contraction of the bladder, occasionally a few drops of bloody urine would pass through the penis. On investigation, I at once concluded that there was laceration of the urethra. The only case of the kind I had ever